FEC

STATEMENT OF

| FORM 1 | ORGANIZATION | |
|---|--|--------------------------|
| i Ortivi i | (See instructions) | Office use only |
| NAME OF COMMITTEE (in the community of the community | (Check if name Example: If typying, type is changed) over the lines | 12FE4M5 |
| ITT CORPORA | TION PAC (ITTPAC) | |
| | | |
| ADDRESS (number and s | street) 1133 Westchester Ave | |
| (Check if address is changed) | | |
| | WHITE PLAINS | NY 10604 - |
| | CITY▲ | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e-mail address) | |
| (Check if address is changed) | LMMarshall@Comerica.com | |
| | | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | |
| (Check if address is changed) | | |
| | | |
| | | |
| 2. DATE 0.3 | 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| 3. FEC IDENTIFICA | TION NUMBER C C00141002 | |
| 4. IS THIS STATEM | ENT NEW (N) OR X AMENDED (A | |
| I certify that I have examin | ned this Statement and to the best of my knowledge and belief it is true, corre | ect and complete |
| | Treasurer CATHERINE LUPINACCI | |
| Type or Print Name of | TreasurerCATHERINE LUPINACCI | |
| Signature of Treasurer | Electronically Filed by CATHERINE LUPINACCI | Date 0 3 / D 27 / Y 2009 |
| NOTE: Submission of fal | se, erroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORT | • |
| Office | For further information | tion contact: |
| Use | Federal Election Con Toll Free 800-424-99 | nmission FEC FORM 1 |